

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/937314

APPLICANT(S)

4-1-04 CLAIMS

4-1-04

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				/		/
102				/		/
103				/		/
104				/		/
105				/		/
106				/		/
107			/	/		/
108				/		/
109				/		/
110				/		/
111				/		/
112				/		/
113				/		/
114				/		/
115				/		/
116				/		/
117				/		/
118				/		/
119				/		/
120				/		/
121				/		/
122				/		/
123				/		/
124				/		/
125				/		/
126				/		/
127				/		/
128				/		/
129				/		/
130				/		/
131				/		/
132				/		/
133				/		/
134				/		/
135				/		/
136				/		/
137				/		/
138				/		/
139				/		/
140				/		/
141				/		/
142				/		/
143				/		/
144				/		/
145				/		/
146				/		/
147				/		/
148				/		/
149				/		/
150				/		/
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	31	←		←
TOTAL CLAIMS			32			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151					/	/
152					/	/
153					/	/
154					/	/
155					/	/
156					/	/
157					/	/
158					/	/
159					/	/
160					/	/
161					/	/
162					/	/
163					/	/
164					/	/
165					/	/
166					/	/
167					/	/
168					/	/
169					/	/
170					/	/
171					/	/
172					/	/
173					/	/
174					/	/
175					/	/
176					/	/
177					/	/
178					/	/
179					/	/
180					/	/
181					/	/
182					/	/
183					/	/
184					/	/
185					/	/
186					/	/
187					/	/
188					/	/
189					/	/
190					/	/
191					/	/
192					/	/
193					/	/
194					/	/
195					/	/
196					/	/
197					/	/
198					/	/
199					/	/
200					/	/
TOTAL IND.		↓		↓	2	↓
TOTAL DEP.		←		←	5	←
TOTAL CLAIMS					7	